

Risk Reduction for Men

Prostate Cancer Risk Reduction

It has not been proven that any particular diet, dietary supplement or medication will prevent prostate cancer. Since the leading cause of death in men is heart disease (26%) followed by cancer (24%), a lifestyle to maintain a healthy heart is of prime importance to a long and healthy life.

- 1) **Maintain a healthy diet:** At least five servings of fruits and vegetables per day and limit intake of red meat and fat.
- 2) **Regular physical activity** of 30 to 45 minutes on five or more days a week. Men over the age of 40 who have not been physically active should be evaluated by their physician before beginning an exercise program and they should gradually increase the intensity, duration and frequency of exercise.
- 3) **Maintain ideal body weight** (Body mass index <30).
- 4) **Don't smoke:** It has not been shown the smoking increases the risk of prostate cancer but studies have shown that men who smoke may be at higher risk for high grade/aggressive prostate cancer.
- 5) To date, no supplement has been convincingly shown to lower the risk of developing prostate cancer or prevent its progression but if you choose to take a supplement see the list below.

Tobacco Use and Increased Risk of Urologic Cancer (bladder, kidney, prostate)

Smoking is the leading preventable cause of death in the U.S., causing more than 480,000 deaths a year. Smoking increases the risk for heart disease, stroke and cancer, including many urologic cancers (bladder, kidney and high-grade prostate cancer). If you are a smoker or use tobacco you need to discuss a cessation program with your physician. A cessation program may include counselling and medication and many times is covered by insurance. For more information on smoking cessation visit <http://smokefree.gov>

Enlarged Prostate (benign prostatic hyperplasia – BPH)

There is no direct link between BPH and prostate cancer. The benefits of saw palmetto in improving urinary voiding symptoms from an enlarged prostate have been anecdotal. A large study published in 2011 (Barry, JAMA 2011) showed no greater improvement with saw palmetto than placebo. The typical dosage of saw palmetto is 320 mg a day (160 mg twice a day). There may be some side effects such as nausea, abdominal pain and dizziness. Caution: Saw palmetto may prolong bleeding time.

Supplements for BPH and Prostate Cancer:

- **Vitamin E and selenium** have been shown **NOT** to reduce the risk of prostate cancer.¹
- **Lycopene:** For prostate cancer¹: Lycopene is found at high levels in cooked tomato products and in watermelon. Adults whose diets are high in tomato products (7 servings a week) had a 50% reduction in some types of cancer. For BPH²: A few studies have shown a protective role against BPH by decreasing enlargement and PSA but did not show improvement in voiding symptoms. *Caution: Lycopene might worsen established prostate cancer by increasing metastasis.*
- Studies of **soy isoflavones** (genistein) for reducing the risk of prostate cancer have shown some decrease in the incidence of prostate cancer and a reduction in PSA but these were small studies.
- **Beta-Sitosterol** for BPH: β -sitosterol has been shown to improve both urinary symptoms and flow measures.²
- **Pygeum africanum** for BPH: Improved symptoms and flow measures.²
- **Urtica dioica:** Improved symptom score, peak flow and post void residual.²
- **Omega 3 (fish oil):** High blood concentrations of omega 3 may increase the risk for developing prostate cancer.¹
- Discuss supplement use with your primary care physician as these may affect other conditions you may have or interfere with medications you are taking.
- *Before purchasing a supplement check the quality at consumerlab.com. Consumer Lab tests supplements to make sure they contain what is on the label and that they don't contain an ingredient that isn't on the label.*

¹ <http://www.cancer.gov/about-cancer/treatment/cam/patient/prostate-supplements-pdq>

² Nabavizadeh R, et al. Herbal Supplements for Prostate Enlargement: Current State of the Evidence. Urol, Feb 2018, 112:145-149